



Arkansas Appraiser Licensing and Certification Board
 101 East Capitol, Suite 430
 Little Rock, AR 72201
www.arkansas.gov/alcb
 501-296-1843

FORM -201

Received: _____
 Received by: _____
 License number: _____
 Process Date: _____
 Processed by: _____
 Documents Mailed: _____

FOR BOARD USE ONLY

CHANGE OF INFORMATION FORM

Please use this form for reporting changes to home or business address, phone number, email or business name. If you have a name change, please send legal documentation along with this form.

Name: _____
 Last, First, Middle Initial

License Number: _____ Birth Date _____

New Information:

Name (if changed): _____

Residence Address: _____
 Street/ P.O. Box _____
 City, State, Zip Code _____

Residence Phone: (_____) _____ Cell Phone: (_____) _____

Business address is where all Board information will be mailed.

Business Address: _____
 Street/ P.O. Box _____
 City, State, Zip Code _____

Business Phone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Today's Date: _____ Changes Effective Date: _____

Licensee's signature (required) _____

If a registered, licensee or certificate holder changes his/her name or business address, he /she shall notify the Board in writing within thirty (30) days after the change becomes effective.